

APPLICATION DATA SHEET**Application Information**

Application Type:: National Phase
Subject Matter:: Utility
Suggested Classification::
Suggested Group Art Unit::
CD-ROM or CD-R?:: None
Number of CD disks::
Number of copies of CDs::
Sequence submission?::
Computer Readable Form (CRF)::
Number of copies of CRF::
Title:: NOVEL PHENANTHRIDINES
Attorney Docket Number:: 26444U
Request for Early Publication?:: No
Request for Non-Publication?:: No
Suggest Drawing Figure::
Total Drawing Sheets:: 0
Small Entity?:: No
Latin name::
Variety denomination name::
Petition included?:: No
Petition Type::
Licensed U.S. Govt. Agency::
Contract or Grant Numbers::
Secrecy Order in Parent Appl.?::

Applicant Information

Applicant Authority type:: Inventor
Primary Citizenship Country:: DE
Status:: Full Capacity
Given Name:: Dieter
Middle Name::
Family Name:: FLOCKERZI
Name Suffix::
City of Residence:: Allensbach
State or Province of Residence::
Country of Residence:: DE
Street of Mailing address:: Ackerweg 26
City of mailing address:: Allensbach
State or Province of mailing address::
Country of mailing address:: DE
Postal or Zip Code of mailing address:: 78476

Applicant Information

Applicant Authority type:: Inventor
Primary Citizenship Country:: DE
Status:: Full Capacity
Given Name:: Beate
Middle Name::
Family Name:: SCHMIDT
Name Suffix::
City of Residence:: Allensbach
State or Province of Residence::
Country of Residence:: DE
Street of Mailing address:: Allensbacher Str. 5
City of mailing address:: Allensbach
State or Province of mailing address::
Country of mailing address:: DE
Postal or Zip Code of mailing address:: 78476

Applicant Information

Applicant Authority type::	Inventor
Primary Citizenship Country::	DE
Status::	Full Capacity
Given Name::	Steffen
Middle Name::	
Family Name::	WEINBRENNER
Name Suffix:::	
City of Residence::	Konstanz
State or Province of Residence:::	
Country of Residence::	DE
Street of Mailing address::	Luzzilonweg 4
City of mailing address::	Konstanz
State or Province of mailing address:::	
Country of mailing address::	DE
Postal or Zip Code of mailing address::	78465

Correspondence Information

Correspondence Customer Number:: 034375

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Sixth Floor

City of mailing address:: Washington

State or Province of mailing address:: DC

Country of mailing address:: US

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Representative Information

Representative Customer Number::	034375
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Domestic Priority Information

Application::	Continuity Type::	Parent Application::	Parent Filing Date::

Foreign Priority Information

Country::	Application number::	Filing Date::	Priority Claimed::
EP	02018530.2	17 August 2002 (17.08.2002)	Yes

Assignee Information

Assignee name:: Altana Pharma AG

Street of mailing address:: Byk-Gulden-Str. 2

City of mailing address:: Konstanz

State or Province of mailing address::

Country of mailing address:: DE

Postal or Zip Code of mailing address:: 78467